

Return of Service



Case Number: _____ District: _____
County: _____ State: Utah
Judge: _____
Commissioner: _____

Petitioner (person who asked for the protective order):

First Middle Last

Respondent (person Petitioner asked to be protected from):

First Middle Last

Law Enforcement Officer fills out below, then signs and returns this form to the agency that requested service so data can be entered into Statewide Domestic Violence Network.

The documents checked below were given to me on (date): _____

I, (officer's name and title): _____, personally served the

☐ Respondent ☐ Petitioner these documents at (time): _____ on (date): _____ at the following address:

Street	City	State	Zip
<input type="checkbox"/> Request for Protective Order	<input type="checkbox"/> Request for Modified Protective Order	<input type="checkbox"/> Notice of Hearing to Respondent	
<input type="checkbox"/> Temporary Protective Order	<input type="checkbox"/> Temporary Modified Protective Order	<input type="checkbox"/> Notice of Hearing: Request to Dismiss or Vacate Protective Order	
<input type="checkbox"/> Amended Temp. Protective Order	<input type="checkbox"/> Modified Protective Order	<input type="checkbox"/> Order Extending Ex Parte Child Protective Order	
<input type="checkbox"/> Protective Order	<input type="checkbox"/> Verified Petition for Child Protective Order	<input type="checkbox"/> Respondent's Request to Vacate Temporary Protective Order	
<input type="checkbox"/> Order Extending Temporary Protective Order	<input type="checkbox"/> Ex Parte Child Protective Order		
<input type="checkbox"/> Request for Civil Stalking Injunction	<input type="checkbox"/> Amended Ex Parte Child Protective Order		
<input type="checkbox"/> Temp. Civil Stalking Injunction	<input type="checkbox"/> Child Protective Order		
<input type="checkbox"/> Civil Stalking Injunction	<input type="checkbox"/> Respondent's Request to Dismiss Protective Order		

☐ Other (specify): _____

I certify that I am a law enforcement officer, at least 18 years old, not a party to this case, and that I served the documents checked above. I also wrote my official title and date of service on those documents.

Date: _____ Officer's signature: 

Agency Representative fills out below:

I certify that the information on this form has been entered into the Statewide Domestic Violence Network.

Date: _____ Agency Representative's Signature: 